



PROPERTY TAX DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19033
SPRINGFIELD IL 62794-9033

Step 1: Complete the following information

- 1 County _____
- 2 Date of county board action ____ / ____ / ____
Month Day Year
- 3 Annual salary \$ _____
- 4 Effective date of salary
increase or decrease ____ / ____ / ____
Month Day Year
- 5 Check which certified copy you are attaching
☐ the resolution
☐ minutes of the meeting at which the county board
approved the change in the annual salary for the
office of supervisor of assessments or public defender

Step 2: Complete the following information

- 6 Check who is receiving the salary adjustment
☐ supervisor of assessments
☐ or public defender
- 7 Social Security number ____ - ____ - ____
- 8 _____
Name

Address

Address

City State ZIP

Step 3: Sign below

I certify that the information on this form is true and correct to the best of my knowledge.

Signature of the chairman of the board

____ / ____ / ____
Month Day Year

State of Illinois }
County }
_____ }

I, _____, County Clerk in and for the county of _____
and keeper of the records and seal, do hereby
certify that the above is true and correct.

____ / ____ / ____
Month Day Year

